

**COUNTY OF SAN DIEGO
VOLUNTEER REPORT FORM
PERIOD: JULY 1, 2005 - JUNE 30, 2006**

1. DEPARTMENT/COURT INFORMATION:

Department/Court: HHSA

Division/Unit: Adult Mental Health Services/SDCPH

2. VOLUNTEER PROGRAM BENEFITS:

- a. GENERAL VOLUNTEERS (this section should include community volunteer, student intern, groups, corporations, etc.)

No. Vol.	13	Hours	233.25	X	\$18.04	=	\$4,207.83
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Types of work performed by GENERAL VOLUNTEERS in this category:

Assisted with Activity Therapy programs for patients; provide a church service on
Sundays for the patients; Animal-Assisted Therapy programs for the patients.

- b. INSTITUTIONAL VOLUNTEERS (this section should include court referrals, honor camp inmates, PIC/RETC, GAIN, etc.)

No. Vol.	0	Hours	0	X	\$18.04	=	\$0.00
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Types of work performed by INSTITUTIONAL VOLUNTEERS in this category:

- c. SPECIALIZED VOLUNTEERS (this section should include utilization of Special Volunteers in positions requiring specific skills and/or expertise levels, for example, an attorney, physician, sports figure or celebrity). These specialized positions have verifiable compensation levels [VCL]. If you have such a volunteer, please indicate the position, hours and compensation level below.)

<u>Position</u>	<u>Hours</u>	<u>X</u>	<u>VCL</u>	<u>=</u>	<u>Dollar Benefit</u>
					\$0.00
					\$0.00

No. Vol.	0	Total Hours	0	Total Value	\$0.00
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Types of work performed by SPECIALIZED VOLUNTEERS in this category:

d. TOTALS OF DEPARTMENT VOLUNTEERS (from above):

<u>No. of Volunteers</u>	<u>Hours</u>	<u>Dollar Benefit</u>
<u>13</u>	<u>233.25</u>	<u>\$4,208</u>
<u>0</u>	<u>0</u>	<u>\$0</u>
<u>0</u>	<u>0</u>	<u>\$0</u>

TOTALS:	13	Total Hours	233	Total Value	\$4,207.83
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3. DONATIONS TO VOLUNTEER PROGRAM:

Please list all donations to the department's Volunteer Program including monetary donations and tangible/intangible items. Items such as computers, air time, transportation, books, etc. Please assign a fair market value to each and add to the total value of the donations section.

Item Donated: _____ Value: _____

Item Donated: _____ Value: _____

Item Donated: _____ Value: _____

Item Donated: _____ Value: _____

TOTAL VALUE = \$0.00

4. VOLUNTEER PROGRAM COSTS:

a.

Cost of direct supervision of Volunteers (total hours of direct supervision multiplied by the hourly rate of staff person[s] directly supervising program volunteers.)

Hours 233.25 X Rate \$23.00

\$5,364.75

b. Cost of program coordination (total hours of program coordination multiplied the hourly rate of coordinator[s]). This section should include coordination of staff, compiling statistics, job description preparation, volunteer placement, recognition, etc.)

Hours 10 X Rate \$26.00

\$260.00

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c. Other program costs (training materials/supplies, recognition costs, etc.):

Item : _____ Cost: _____

Item : _____ Cost: _____

Item : _____ Cost: _____

TOTAL OF OTHER PROGRAM COSTS =

\$0.00

d. TOTAL OF PROGRAM COST (4a+4b+4c) =

\$5,624.75

5. NET BENEFIT TO DEPARTMENT FROM VOLUNTEER PROGRAM:

a Total Dollar Benefits of Volunteers, Item 2d \$4,207.83

b. Total of Donations to Volunteer Program, Item 3 \$0.00

c. Subtract Total of program Costs, Item 4d \$5,624.75

TOTAL PROGRAM BENEFIT:

-\$1,416.92

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6. **RECRUITING:**

Please describe your recruiting programs:

7. **SPECIAL VOLUNTEER PROGRAM ACTIVITIES/ACHIEVEMENTS:**

Please describe any special activities and/or achievements your program was involved in during the period of this report:

One of the Hospital volunteers that leads a Vasper Church service won an award, "Champion of Mental Health" recently and received the award at the 20th Annual Mental Health Recognition Dinner.

8. **VOLUNTEER PROGRAM GOALS FOR FISCAL YEAR 2006-07:**

Please describe your program goals. Include activities, number of volunteers, recruitment, training, recognition and other goals:

To continue to have the Vasper Services;

To continue to have the AAA (Animal-Assisted-Activity) programs;

To have 1-2 volunteers for the CRU unit;

To attempt to secure a volunteer that is bilingual.

9. **GENERAL INFORMATION:**

Name of person completing report:

Phone:

Mail Stop:

E-Mail:

Volunteer Coordinator:

Phone:

Mail Stop:

E-Mail:

10. **DEPARTMENT CERTIFICATION:**

DEPARTMENT HEAD SIGNATURE

DATE

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6. **RECRUITING:**

Please describe your recruiting programs:

7. **SPECIAL VOLUNTEER PROGRAM ACTIVITIES/ACHIEVEMENTS:**

Please describe any special activities and/or achievements your program was involved in during the period of this report:

One of our hospital volunteers that leads a Vesper Church service won an award,
"Champion of Mental Health" recently and received the award at the
20th Annual Mental Health Recognition Dinner.

8. **VOLUNTEER PROGRAM GOALS FOR FISCAL YEAR 2006-07:**

Please describe your program goals. Include activities, number of volunteers, recruitment, training, recognition and other goals:

To continue to have the Vesper Services
To continue to have the A/A (Animal-Assisted-Activity) programs
To have 1-2 volunteers for the CRU unit
To attempt to secure a volunteer that is bi-lingual

9. **GENERAL INFORMATION:**


Name of person completing report: Nancy Bazzetta, Recreation Therapy Superv

Phone: 619 692-3241 Mail Stop: P533 E-Mail: nancy.bazzetta@sdcounty.ca.gov

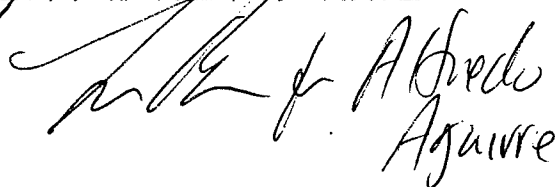
Volunteer Coordinator: Lori Thibault

Phone: 619 693-2714 Mail Stop: P531 F E-Mail: _____

10. **DEPARTMENT CERTIFICATION:**


DEPARTMENT HEAD SIGNATURE

7/17/06
DATE


Lori Thibault

7-19-06

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